

Amendment

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# Amendment to Campaign Disclosure Statement

AMENDMENT

CALIFORNIA  
1991 FORM

405

A For Official Use Only

This form must be used to amend statements filed pursuant to Government Code Sections 84200-84210.5, and must be filed with all filing officers who received the statement being amended. NOTE: Do not use this form to amend a Statement of Organization, Form 410, Candidate Intention, Form 501, or a Campaign Bank Account, Form 502. Use the actual Form 410, 501 or 502, respectively, to make amendments.

The information required in Part I must correspond to the information provided on the campaign statement.

## I Name of Filer (See important information on reverse)

NAME OF FILER:

I.D. NUMBER  
(IF APPLICABLE)

James W. Pinkerton, Jr for Assembly

92-0363

MAILING ADDRESS OF FILER: (NO. AND STREET)

1107 Stafford Street

CITY

STATE

ZIP CODE

Lodi

CA

95242

AREA CODE/DAYTIME PHONE NUMBER

209-368-9002

NAME OF TREASURER IF RECIPIENT COMMITTEE:

Jean Beckman

PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE) (NO. AND STREET)

1640 Lake Street

CITY

STATE

ZIP CODE

Lodi

CA

95242

AREA CODE/DAYTIME PHONE NUMBER

209-368-3054

## II Amendment Information

A. The following information amends campaign disclosure statement, Form No. 490

executed on 5-19-92 for the period 3-18-92 through 5-16-92  
(MO, DAY, YR.) (MO, DAY, YR.) (MO, DAY, YR.)

B. The amended information affects items on the:

☐ Cover Page ☐ Allocation Page ☒ Summary Page

☐ Schedule(s) ☐ Part(s)

C. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. Please attach a cover page, summary page and/or appropriate schedule(s) to this Form 405 if necessary for clarification. Include additional information on appropriately labeled continuation sheets.

(Number of sheets attached 1.)

## III Verification (See important information on reverse)

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on November 20, 1992 At Lodi, CA

DATE

CITY AND STATE

By

SIGNATURE OF TREASURER OR FILER

Officerholder, candidate, state measure proponent, or sponsored committee responsible officer verification. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on November 20, 1992 At Lodi, CA

DATE

CITY AND STATE

By

SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER

Executed on \_\_\_\_\_ At \_\_\_\_\_

DATE

CITY AND STATE

By

SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_

DATE

CITY AND STATE

By

SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission.